

# Department of Health and Human Services

## Assertive Community Treatment (ACT) Self-Fidelity Response

<b>CMHC:</b>	<b>The Mental Health Center of Greater Manchester</b> <b>Continuous Treatment Team (CTT Team, RU-5260)</b>
<b>DHHS Response Date:</b>	<b>DECEMBER 1, 2016, 2<sup>nd</sup> response 1/24/17</b>

### Executive Summary:

Thank you for this ACT Fidelity Report and your ongoing efforts to provide high quality services to consumers with psychiatric disabilities. We appreciate your efforts to conduct the Fidelity review and to provide this report.

This version of the report is incomplete. BMHS has provided preliminary responses to each item below, which we will update after MHCGM addresses the following:

- Multiple items – for example, H2, H3, H4, H7, H8, O2, O3, S1, S3, S4, S5 - do not include information that substantiates the rating as indicated in “*Evaluating your Program*” document, pages 39-54, in the “ACT Evidence Based Practice Kit.”
- Not all items appear to have utilized recommended sources of information to rate each item. For example, for items O5 and O6, a roster of clients with recent admissions and discharges should have been reviewed.
- Not all items appear to be correctly scored according to the Fidelity scoring guide. For example, the S2 rating, with 90% retention, would score a 4.

Please re-evaluate fidelity items if necessary, provide a substantiation for each rating in the comment section of each item, and the source of information as well, as described in the “*Evaluating your Program*” document.

Additionally, please update the Areas of Focus section of your Fidelity Review to indicate goals with measurable targets and timelines by which you expect to reach your targets. We are particularly interested in seeing you address fidelity items with scores of 3 or lower.

We commend MHCGM for providing an ACT service that, based on this preliminary report, aligns with Good Implementation. We are delighted that you have co-occurring disorders expertise on your team that has the capacity for Integrated Dual Disorders Treatment. We are also delighted that you have had the opportunity for a peer on your team and look forward to when you are able to replace the vacancy that you currently have. Please ensure that he or she can maintain a peer support role, and encourage him/her to attend the peer specialist support group sponsored by the Office of Consumer and Family Affairs.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

Thank you for your 2<sup>nd</sup> response to the MHCGM ACT Fidelity Report originally “October, 2016 – First

Submitted” and “December 2016 - Amended.” Upon review we have determined that MHCGM CTT ACT fidelity review is reasonably in compliance with the purpose and intent of the ACT fidelity standards, but some item ratings require further consideration, and the Areas of Focus for quality improvement would benefit from further tailoring. We have updated our responses with details in green font below.

There remain 2 items where we disagree with scoring based on the updated information you provided.

- H8 “42% of required” RN - it is not clear what rating is indicated by this explanation
- H10 1.25 FTE Voc/SE Specialist = 3 not 4

Additionally the Areas of Focus section in your “December 2016 – Amended” report are partially responsive and include acceptable details, action steps, and timelines linked back to the scale items and prioritized the elements that MHCGM CTT will focus on for improvement and will be a focus of any technical assistance and follow –up activities. The following items would benefit from further clarification.

- H4 – We are not clear about what you are requesting permission to do.
- H10 – Your computed FTE value results in a 3, so this may be an area the team will wish to address in an updated Areas of Focus
- S10 –timeline for assessing peer role will help MHCGM achieve its goal

These prioritized Areas of Focus will be the basis for any technical assistance and follow-up activities with BMHS. Updating them with clarifications and further detail will enhance the ability of the team to improve its service.

<b>This CMHC self-review resulted in an Implementation rating of:</b>	Good Implementation
<b>Out of a possible 140 points the CMHC reported a score of:</b>	122 Updated score: 120

<b>Improvement Plan Required:</b> Not yet determined					
				X	Resubmit: X Address items: as reviewed above

Score Range	Implementation Rating
113 – 140	Good Implementation
85 – 112	Fair Implementation
84 and below	Not Assertive Community Treatment

### **Human Resources: Structure and Composition**

<b>H1 Small caseload:</b> Consumer/provider ratio = 10:1	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable recommendations

<b>H2 Team approach:</b> Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	<b>Rating = 4 out of 5</b>
DHHS Response:	Acceptable

<b>H3 Program meeting:</b> Meets often to plan and review services for each consumer	<b>Rating = 4 out of 5</b>
DHHS Response:	Acceptable recommendations

<b>H4 Practicing ACT leader:</b> Supervisor of Frontline ACT team members provides direct services	<b>Rating = 3 out of 5</b>
DHHS Response:	<p>A goal with timeline is needed in this area.</p> <p>The response seems to indicate that the team has a program coordinator and a team leader. The response indicates that the “team leader” is not the “ACT leader,” rather, the program coordinator is the leader who provides supervision, and this person does not provide direct service. Because the “team leader” provides some mentoring, the reviewers rated this item a 3. If the program coordinator is viewed as the leader, however, this item should be rated a 1. We agree with the plan to reassess these roles. Item a) of the plan should be discussed with BMHS in a follow-up TA call.</p>

<b>H5 Continuity of staffing:</b> Keeps same staffing over time	<b>Rating = 3 out of 5</b>
DHHS Response:	Acceptable recommendations

<b>H6 Staff capacity:</b> Operates at full staffing	<b>Rating = 4 out of 5</b>
DHHS Response:	Acceptable recommendations

<b>H7 Psychiatrist on team:</b> At least 1 full-time psychiatrist for 100 consumers works with program	<b>Rating = 3 out of 5</b>
DHHS Response:	Acceptable recommendations

<b>H8 Nurse on team:</b> At least 2 full-time nurses assigned for a 100-consumer program	<b>Rating = 3 out of 5</b>
DHHS Response:	Acceptable recommendations  If “42% of the required coverage” is equal to .8 FTE per 100 consumers, then the rating makes sense, but it is hard to determine from the response what the correct rating should be.

<b>H9 Substance abuse specialist on team:</b> A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>H10 Vocational specialist on team:</b> At least 2 team members with 1 year training/experience in vocational rehabilitation and support	<b>Rating = 4 out of 5</b>  Updated rating = 3 out of 5.
DHHS Response:	Acceptable recommendations  Disagree – Based on the 1.25 FTE per team of 100- 130 consumers, the rating would be 3.

<b>H11 Program size:</b> Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

### **Organizational Boundaries**

<b>01 Explicit admission criteria:</b> Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen	<b>Rating = 5 out of 5</b>
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out inappropriate referrals.	
DHHS Response:	Acceptable

<b>02 Intake rate:</b> Takes consumers in at a low rate to maintain a stable service environment.	<b>Rating = 5 out of 5</b>
DHHS Response:	Please provide monthly intake rate.  Acceptable - Agree

<b>03 Full responsibility for treatment services:</b> In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>04 Responsibility for crisis services:</b> Has 24-hour responsibility for covering psychiatric crises.	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>05 Responsibility for hospital admissions:</b> Is involved in hospital admissions.	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>06 Responsibility for hospital discharge planning:</b> Is involved in planning for hospital discharges.	<b>Rating = 4 out of 5</b>  Rating = 5 out of 5
DHHS Response:	Acceptable recommendations  Acceptable - Agree

<b>07 Time-unlimited services (graduation rate):</b> Rarely closes cases but remains the point of contact for all consumers as needed.	<b>Rating = 4 out of 5</b>
DHHS Response:	Acceptable

### **Nature of Services**

<b>S1 Community-based services:</b> Works to monitor status, develop community living skills in community rather than in office.		<b>Rating = 4 out of 5</b>
DHHS Response:	Please cite source of information  Acceptable - Agree	

<b>S2 No dropout policy:</b> Retains high percentage of consumers.		<b>Rating = 5 out of 5</b>  <b>Rating = 4 out of 5</b>
DHHS Response:	Acceptable  Acceptable - Agree	

<b>S3 Assertive engagement mechanisms:</b> As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.		<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable	

<b>S4 Intensity of service:</b> High total amount of service time, as needed.		<b>Rating = 5 out of 5</b>  <b>Rating = 4 out of 5</b>
DHHS Response:	Please provide the formula that supports the rating  Acceptable - Agree	

<b>S5 Frequency of contact:</b> High number of service contacts, as needed.		<b>Rating = 5 out of 5</b>
DHHS Response:	Please provide formula that supports the rating  Acceptable - Agree	

<b>S6 Work with informal support system:</b> With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.		<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable	

<b>S7 Individualized substance abuse treatment:</b> 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>S8 Co-Occurring disorder treatment groups:</b> Uses group modalities as treatment strategy for consumers with substance-use disorders.	<b>Rating = 2 out of 5</b>
DHHS Response:	<p>To achieve high fidelity on this item the agency would need to provide an integrated co-occurring treatment group at this agency</p> <p>The agency plans to continue to utilize groups provided outside of the agency, viewing naturally occurring resources as better for recovery. Acceptable response, but will continue to earn low rating, as toolkit specifies group leaders should be individuals connected to the agency who know the consumers well.</p>

<b>S9 Dual Disorders (DD) Model:</b> Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	<b>Rating = 5 out of 5</b>
DHHS Response:	Acceptable

<b>S10 Role of consumers on team:</b> Consumers involved as team members providing direct services.	<b>Rating = 4 out of 5</b>
DHHS Response:	<p>Acceptable recommendations. Please provide timeline for this goal.</p> <p>Please provide timeline for this goal.</p>